

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA : ETATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type of Pfint Clearly)							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
MORRIS	GEORGE "RED"	Α.	808/531-4551				
MAILING ADDRESS (Street)			FAX				
222 SOUTH VINEYARD STREET, S	808/533-4601						
(City)	(State)	(Zip	(Zip Code)				
HONOLULU	HAWAII	9	96813-2453				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE				
G.A. MORRIS, INC.			808/531-4551				
MAILING ADDRESS (Street)			FAX				
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601				
(City)	(State)	(Zip Code)					
HONOLULU	HAWAII		96813-2453				

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU L	Telephone 808-847-7811			
HAWAII STATE TOWING ASSOCI				
MAILING ADDRESS (Street)	FAX 808-842-7605			
1040 MAKEPONO STREET				
(City)	(State)	(Zip Code)		
HONOLULU	Н	96819-4336		
NAME OF PERSON RESPONSIBLE F	TELEPHONE 808-531-4551			
MELODY BUTAY DACANAY				
MAILING ADDRESS (Street)	FAX 808-533-4601			
222 SOUTH VINEYARD STREET,				

•	(City)	(State)		(Zip Code)			
	HONOLULU	Н		96813-2453			
PAR	T III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOL	EXPECT TO LOBBY	T		
[]	Agriculture	[] Education	[]	Human Services	[]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[] Government Operations & Finance	[]	Intergovernmental Relations International Affairs	. [1	Tourism & Recreation	
[]	Consumer Protection & Commerce	[] Hawaiian Affairs	[]	Labor & Employment	[X]	Transportation	
[]	Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections			
PAR		HOF LOBBYIST e information furnished above	is to t	he heat of my knowledge	io corro	ot and complete	
	Thereby certify that the		15, 10 1	ne best of my knowledg	16, con 6	28/05	
		(Signature of Lobbyist)				Ø ate)	
PAR	RT V AUTHORIZATIO	ON TO LOBBY					
NAM	E		TIT	LE OF AUTHORIZING OFFI	CER OR I	PERSON REPRESENTED	
JAN '	WAKAYAMA			PRESIDENT			
NAM	E OF ORGANIZATION (if ap	plicable)			TELEPHO	ONE 808-847-7811	
HAW	AII STATE TOWING ASSOC	CIATION					
MAIL	ING ADDRESS (Street)				FAX 808	-842-7605	
1040	MAKEPONO STREET						
	(City) (State)		(Zip C	(Zip Code)			
	HONOLULU HI 96819-4336						
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							

(Signature of Authorizing Officer or Person Represented)

(Date)